

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>SH</i>	<i>12/55</i>	<i>2/27</i>
RESPONSE FORMALITY REVIEW			<i>11/27/01</i>

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ Rejected N Non-elected
" Allowed I Interference
- (Through numeral) ... Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final Original	
1	11.2.01
2	4.17.02
3	9.21.02
4	5.12.03
5	1.13.03
6	4.23.04
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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1-1
4/30/01